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CONFIRMATION NO. 5418

<b>SERIAL NUMBER</b> 10/526,853	<b>FILING OR 371(c) DATE</b> 01/09/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> DFBP:010USC1/10511594
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/27888 09/05/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

32425

## TITLE

METHODS AND COMPOSITIONS FOR TISSUE REGENERATION

<b>FILING FEE RECEIVED</b> 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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